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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Timber Lake Topic		2. DATE: 9-30-20
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 51	3B. ANNUAL SUBSCRIPTION PRICE $: 44/45/50
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 10 Timber Lake SD 57656		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): SAME		
6. FULL NAME OF PUBLISHER: Kathy Nelson / Robert Slocum		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: TLI Publishing INC	COMPLETE MAILING ADDRESS: PO Box 10 Timber Lake SD 57656	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1580	1631
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	125	115
2. Mail Subscription (Paid and or requested)	1176	1160
3. Paid Electronic Copies	80	181
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1381	1456
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	59	57
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	2	2
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1442	1515
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	69	33
2. Return from News Agents	69	83
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1580	1631

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature) Owner (Title)

State of South Dakota)
County of Dewey)
(Seal)

KATHY SNYDER NELSON NOTARY SEAL PUBLIC SOUTH DAKOTA

Subscribed to before me this 30th day of Sept., 2020

Kathy Snyder Nelson
Notary Public

My commission expires: 3-31-2023

Form: SOS REC 051 9/2016

60% – Kathy Nelson Box 10 Timber Lake SD 57656

40% Robert Slaum Box 10 Timber Lake SD 57656